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| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |   |  |                                   |                              |  |            |                     | Application or Docket Number 10/535532 |                               |                     |                        |
|--|--|---|--|-----------------------------------|------------------------------|--|------------|---------------------|--|-------------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                        |  |   |  |                                   |                              |  | _          | SMALL EN            | TITY                                   | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  | ٠,                                |                              |  | 1          | RATE                | FEE                                    | ] .                           | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT  | SMALL ENT. = \$ 150               |                              | GE ENT. = \$ 300                       | 1          | BASIC FEE           |  | OR                            | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                   |                              | ther situations =<br>\$ 100 / \$ 200   |            | EXAM. FEE           | <b></b>                                | 1                             | EXAM. FEE           | 2/2                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   | Ali o                        | ther situations =<br>\$ 250 / \$ 500   |            | SEARCH FEE          |  | 1                             | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                   |                              | / 50 =                                 |            | X \$ 125 =          |  |                               | X \$ 250 =          | 1                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 9 minus 20 = .   |                                   | *                            |  |            | X \$ 25 =           |  | OR                            | X \$ 50 =           | <del> </del>           |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 = .  |                                   | *                            | ······································ |            | X \$ 100 =          |  | OR                            | X \$ 200 =          | <del> </del> -         |
| MUI  | LTIPLE DEPE                                    | NDENT CLAIM PR                              | ESENT  |                                   |                              |  |            | + \$ 180 =          |  | OR                            | + \$ 360 =          |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                   |                              |  | TOTAL      |                     | OR                                     | TOTAL                         | 900                 |                        |
| AMENDMENT A  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT    |   | (Column 2 HIGHEST NUMBER PREVIOUSL PAID FOR                          |                                   | nn 2)<br>EST<br>BER<br>DUSLY | (Column 3) PRESENT EXTRA               |            | SMALL E             | ADDI-<br>TIONAL<br>FEE                 | OR                            | OTHER<br>SMALL E    |                        |
|  | Total  | *   | Minus  | **                                |                              | =                                      |            | X \$ 25 =           |  | OR                            | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                               |                              | =                                      |            | X \$ 100 =          |  | OR                            | X \$ 200 =          |                        |
|  | FIRST PRE                                      | SENTATION OF M                              | ULTIPLE DEPENDENT CLAIM  |                                   |                              |  | + \$ 180 = |                     | OR                                     | + \$ 360 =                    |                     |                        |
| •  |  |   |  |                                   |                              |  |            | TOTAL ADDIT.<br>FEE |  | OR                            | TOTAL ADDIT.<br>FEE |                        |
| _  |  | (Column 1)                                  | ·  | (Colum                            |                              | (Column 3)                             | _          |                     |  |                               |                     |                        |
| X 1  |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT | *  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY                   | PRESENT<br>EXTRA                       |            | RATE                | ADDI-<br>TIONAL<br>FEE                 |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                |                              | =                                      | ſ          | X \$ 25 =           |  | OR                            | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                               | •                            |  | ı          | X \$ 100 =          |  | OR                            | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                              |  | ļ          | + \$ 180 =          |  | OR                            | + \$ 360 =          |                        |
|  |  |   |  |                                   |                              |  | Ļ          | TOTAL ADDIT.<br>FEE |  | OR I                          | OTAL ADDIT.<br>FEE  |                        |
|  | •  |   |  |                                   |                              |  |            |                     |  |                               | _                   |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.